1403-128-2570

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Rieisitoine Trust in City Hall				
ADDRESS (number and street)	2347, San	Juan Dr.	1 1 1 1 1 1 1	
Check if different than previously reported. (ACC)	nan previously			
2. FEC IDENTIFICATION N	UMBER ♥ CITY	A	STATE A	ZIP CODE A
Clo.o.5.639	3. IS RE	THIS NEW PORT (N) O	R AMENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (Quarterly Report (January 31 Year-End Report (July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report (TER)	Q1) (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	General (30G)	Sep 20 (M9) Oct 20 (M10 General (12G) Special (12S)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period $04'01'30'4$ through $86'30'20'4$				
Type or Print Name of Treasurer David South of Medical So				
Signature of Treasurer Sand Date 0.7 2519				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office				
Use			FE	C FORM 3X Rev. 12/2004